



Dart Aerospace Ltd.  
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Hawkesbury, ON  
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**D4634-143**  
**Job Sheet 185070**



006735

Part No: D4634-143

Job Qty: 1 ea

Part Name: Middle, Center Ceiling Replacement Panel Assembly



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 10/22/18

Job Tracking No:

Due Date: 11/16/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG D4634 REV G SHEET 8 IPP Rev. A 12/08/09 New Issue DL IPP Rev B 12/11/08 Document release DL  
VERIFIED BY: JLM IPP Rev C 13/07/09 Dwg Update DL ver: DD IPP Rev D Dwg Update 13/12/23 DL IPP  
REV E Dwg update 14/01/09 DL IPP Rev F Dwg. update 14/02/03 DL IPP Rev G Dwg. Update 15/01/27 DL

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off        |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-----------------|
|       |                    |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |                 |
| 90    | Start up Operation | 1 Ea  |            | 11/16/18 | 0.00      | 0.00    | Start Up Small Fab    |           | SmB             |
| 110   | Small Fab          | 1 pcs |            | 11/16/18 | 0.00      | 1.47    | Small Fab             |           | SmB             |
| 120   | QC                 | 1 pcs |            | 11/16/18 | 0.00      | 0.00    | QC5                   |           | 38              |
| 130   | Packaging          | 1 pcs |            | 11/16/18 | 0.00      | 0.00    | Packaging3            |           | SmB             |
| 140   | QC21-SA            | 1 Ea  |            | 11/16/18 | 0.00      | 0.00    | QC21                  |           | DAS DEC 04 2018 |

Part Op 110 - Assemble as per Dwg D4634-143 Bond foam core to inside of panel 3M Scotch Weld 1300

Descriptions: Batch: m138773 1- Scuff bonding surface to eliminate in-perfections and increase bonding and clean with wash& wipe 2- Locate and glue down Channel Assy, angles, brackets, and mounting pads using 3M Plastic welder II. (see note 8) Batch # m138958 Expiry Date april 19 3- Apply labels as per Dwg. and seal with 3M 3950 edge sealer (see note 9) Batch: m138691  
120 - QC5- Inspect part completeness to step on W/O  
130 - Identify as per dwg & Stock Location: \_\_\_\_\_  
140 - QC21- Final Inspection - Work Order Release

### Job BOM

| Part / Item   | Component Name               | Quantity     | Operation             | Container   |
|---------------|------------------------------|--------------|-----------------------|-------------|
| D4634-3       | Middle, Center Ceiling Panel | 1 Ea (1 ea)  | 90-Start up Operation | S131033     |
| D4636-5       | Bracket                      | 2 Ea (2 ea)  | 90-Start up Operation | S004455     |
| D4647-1       | Doubler                      | 1 Ea (1 ea)  | 90-Start up Operation | S033857     |
| D4664-5       | Spacer                       | 6 Ea (6 ea)  | 90-Start up Operation | S011418     |
| D4712-1       | Bracket                      | 2 Ea (2 ea)  | 90-Start up Operation | S121111     |
| D4732-21      | Label                        | 1 Ea (1 ea)  | 90-Start up Operation | S060884     |
| D4732-25      | Label                        | 1 Ea (1 ea)  | 90-Start up Operation | S060888     |
| D5021-3       | Foam, Center Panel, Middle   | 1 Ea (1 ea)  | 90-Start up Operation | S130023     |
| MPNY-750S-9-C | Mounting Pad                 | 3 pcs (3 ea) | 90-Start up Operation | f1m130423-1 |
| MS20426AD3-4  | Rivet                        | 4 Ea (4 ea)  | 90-Start up Operation | f1m130444-2 |
| MS20426AD4-6  | Rivet                        | 4 Ea (4 ea)  | 90-Start up Operation | S093088-1   |
| MS21059L08    | Nut                          | 2 Ea (2 ea)  | 90-Start up Operation | S129976     |

CCR26455-3-03 x4

S099729

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | D4634-3        | 1        | 3         | 0         |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                               |                                                 |                                   | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/>   | Water Jet <input type="checkbox"/>     | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/>    | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/>         | Thermoforming <input type="checkbox"/>      | Finishing <input type="checkbox"/>        | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>   | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/>           | Supplier <input type="checkbox"/>   |                                              |                                           |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>Root Cause</b><br><table style="width:100%; border: none;"> <tr><td style="border: none;">Environment <input type="checkbox"/></td><td style="border: none;">No Re-verification <input type="checkbox"/></td></tr> <tr><td style="border: none;">Design <input type="checkbox"/></td><td style="border: none;">Operator <input type="checkbox"/></td></tr> <tr><td style="border: none;">Doc/Data <input type="checkbox"/></td><td style="border: none;">Offset/Setup <input type="checkbox"/></td></tr> <tr><td style="border: none;">Equip/Tooling <input type="checkbox"/></td><td style="border: none;">Supplier <input type="checkbox"/></td></tr> <tr><td style="border: none;">Handling/Pre <input type="checkbox"/></td><td style="border: none;">Training <input type="checkbox"/></td></tr> <tr><td style="border: none;">Material <input type="checkbox"/></td><td style="border: none;">Use for Testing <input type="checkbox"/></td></tr> <tr><td style="border: none;">Internal Transport <input type="checkbox"/></td><td style="border: none;">Poor Information <input type="checkbox"/></td></tr> <tr><td style="border: none;">Tribal Knowledge <input type="checkbox"/></td><td style="border: none;">Rushing <input type="checkbox"/></td></tr> <tr><td style="border: none;">LOA <input type="checkbox"/></td><td style="border: none;">Product Improvement <input type="checkbox"/></td></tr> <tr><td style="border: none;">Substation <input type="checkbox"/></td><td style="border: none;">Process Improvement <input type="checkbox"/></td></tr> <tr><td style="border: none;">Past Expiry Date <input type="checkbox"/></td><td style="border: none;">Manufacturing Process <input type="checkbox"/></td></tr> <tr><td style="border: none;">Misidentified <input type="checkbox"/></td><td style="border: none;">Past Due <input type="checkbox"/></td></tr> </table> |                                                                                                                                                                                    | Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No Re-verification <input type="checkbox"/>   | Design <input type="checkbox"/>                 | Operator <input type="checkbox"/> | Doc/Data <input type="checkbox"/>  | Offset/Setup <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/>    | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/>  | Material <input type="checkbox"/>          | Use for Testing <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/>    | Rushing <input type="checkbox"/> | LOA <input type="checkbox"/>       | Product Improvement <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> | <b>FAULT CATEGORY</b><br><table style="width:100%; border: none;"> <tr><td style="border: none;">Pressure/Forced <input type="checkbox"/></td><td style="border: none;">Temperature/Cure <input type="checkbox"/></td><td style="border: none;">Power Loss/Surge <input type="checkbox"/></td><td style="border: none;">Positioned Wrong <input type="checkbox"/></td></tr> <tr><td style="border: none;">Bending <input type="checkbox"/></td><td style="border: none;">Set-up <input type="checkbox"/></td><td style="border: none;">Folio/Program <input type="checkbox"/></td><td style="border: none;">Outside Dimensions <input type="checkbox"/></td></tr> <tr><td style="border: none;">Centre Not Concentric <input type="checkbox"/></td><td style="border: none;">BOM/Route <input type="checkbox"/></td><td style="border: none;">Grain <input type="checkbox"/></td><td style="border: none;">Over/Under tolerance <input type="checkbox"/></td></tr> <tr><td style="border: none;">Cracks <input type="checkbox"/></td><td style="border: none;">Broken/Damage/Defect <input type="checkbox"/></td><td style="border: none;">Weld <input type="checkbox"/></td><td style="border: none;">Part Incorrect <input type="checkbox"/></td></tr> <tr><td style="border: none;">Crimp/Kink/Ripple/Wave <input type="checkbox"/></td><td style="border: none;">Inspection Incomplete/Unqualified <input type="checkbox"/></td><td style="border: none;">Wrong Stock Pulled <input type="checkbox"/></td><td style="border: none;">Part Lost/Missing <input type="checkbox"/></td></tr> <tr><td style="border: none;">Cuffs <input type="checkbox"/></td><td style="border: none;">Contamination <input type="checkbox"/></td><td style="border: none;">Out of Sequence <input type="checkbox"/></td><td style="border: none;">Part Moved <input type="checkbox"/></td></tr> <tr><td style="border: none;">Crushing <input type="checkbox"/></td><td style="border: none;">Countersink <input type="checkbox"/></td><td style="border: none;">Off-set <input type="checkbox"/></td><td style="border: none;">Drawing <input type="checkbox"/></td></tr> <tr><td style="border: none;">Heat Treat <input type="checkbox"/></td><td style="border: none;">Cut Too Short <input type="checkbox"/></td><td style="border: none;">Mislabeled <input type="checkbox"/></td><td style="border: none;">Finish <input type="checkbox"/></td></tr> <tr><td style="border: none;">Wave/Twist in Tube <input type="checkbox"/></td><td style="border: none;">Instructions Incomplete/Unclear <input type="checkbox"/></td><td style="border: none;">Fit/Function <input type="checkbox"/></td><td style="border: none;">Misread <input type="checkbox"/></td></tr> <tr><td style="border: none;">Marks/Chatter <input type="checkbox"/></td><td style="border: none;">Drill Holes <input type="checkbox"/></td><td style="border: none;">Misaligned/off center <input type="checkbox"/></td><td style="border: none;">Turning Sequence <input type="checkbox"/></td></tr> </table> |  |  | Pressure/Forced <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Bending <input type="checkbox"/> | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> |
| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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          | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Positioned Wrong <input type="checkbox"/>     |                                                 |                                   |                                    |                                       |                                        |                                      |                                       |                                    |                                            |                                          |                                             |                                           |                                              |                                  |                                    |                                              |                                     |                                              |                                      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| Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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          | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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          | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Over/Under tolerance <input type="checkbox"/> |                                                 |                                   |                                    |                                       |                                        |                                      |                                       |                                    |                                            |                                          |                                             |                                           |                                              |                                  |                                    |                                              |                                     |                                              |                                      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| Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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          | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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          | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Part Lost/Missing <input type="checkbox"/>    |                                                 |                                   |                                    |                                       |                                        |                                      |                                       |                                    |                                            |                                          |                                             |                                           |                                              |                                  |                                    |                                              |                                     |                                              |                                      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| Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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          | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Part Moved <input type="checkbox"/>           |                                                 |                                   |                                    |                                       |                                        |                                      |                                       |                                    |                                            |                                          |                                             |                                           |                                              |                                  |                                    |                                              |                                     |                                              |                                      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| Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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          | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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          | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Finish <input type="checkbox"/>               |                                                 |                                   |                                    |                                       |                                        |                                      |                                       |                                    |                                            |                                          |                                             |                                           |                                              |                                  |                                    |                                              |                                     |                                              |                                      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| Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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          | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Misread <input type="checkbox"/>              |                                                 |                                   |                                    |                                       |                                        |                                      |                                       |                                    |                                            |                                          |                                             |                                           |                                              |                                  |                                    |                                              |                                     |                                              |                                      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| Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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          | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Turning Sequence <input type="checkbox"/>     |                                                 |                                   |                                    |                                       |                                        |                                      |                                       |                                    |                                            |                                          |                                             |                                           |                                              |                                  |                                    |                                              |                                     |                                              |                                      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|---------------|---|-------|---|
| D4636-5       | 2 | 39    | 0 |
| D4647-1       | 1 | 9     | 0 |
| D4664-5       | 6 | 21    | 0 |
| D4712-1       | 2 | 7     | 0 |
| D4732-21      | 1 | 6     | 0 |
| D4732-25      | 1 | 6     | 0 |
| D5021-3       | 1 | 1     | 0 |
| MPNY-750S-9-C | 3 | 126   | 0 |
| MS20426AD3-4  | 4 | 4,602 | 0 |
| MS20426AD4-6  | 4 | 1,909 | 0 |
| MS21059L08    | 2 | 138   | 0 |

### Part Specifications

Specifications could not be found.

Plex 10/22/18 1:00 PM Dart.lajeunesse.marie

**DART**  
AEROSPACE

1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
CANADA  
TEL.: 1 613 632-5200  
Email: sales@dartaero.com  
www.dartaerospace.com

Container No: S133420



Part: D4634-143

Job No: 185070

Serial No/ Batch: S133420

Revision: G

Inspector:

Exp Date:

Instructions: Various STC's

Date: 12/03/18



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                         |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator Approval                 |  |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |